

Payment Implementation Minutes
April 4, 2012

Attendees: Pam Biron, Scott Frey, Amy James, BCBSVT; Kevin Ciechon, CIGNA; Terri Mitchell, HP-Medicaid; Lou McLaren, MVP; Lori Collins, DVHA; Laura Hubbell, CVMC; Dana Noble, Bennington; Wendy Cornwell, BMH; Beth Steckel, Fiona Daigle, Rita Pellerin, Roberta Gilmour, FAHC; Karla Wilson, Little Rivers Health Centers; Michelle Patterson, Porter Hospital; David Brace, Darcy Bohannon, CHSLV; Julie Riffon, NCH; LaRae Francis, Gifford Hospital; Sarah Narkewicz, RRMC; Candace Collins, NMC; Laural Ruggles, NVRH; Renee Kilroy, NCHC; Nancy Thibodeau, Pat Knapp, Springfield Hospital; Pat Jones, Terri Price, Jenney Samuelson, Blueprint

Topic	Discussion	Follow-up
Medicare Update	<p>Medicare completed attribution for April to June Quarter.</p> <p>Are Medicare payments coming in smoothly?</p> <ul style="list-style-type: none"> ▪ No complaints from practices (Bennington). ▪ Questions about discrepancies between Medicare and practices for attribution (beneficiaries with residence in another state and Medicare Advantage beneficiaries don't count toward Vermont attribution). <p>Nothing yet about rescheduled web portal training. Web portal will allow practices to see Medicare-attributed beneficiaries. In the absence of the web portal, practices with Medicare attribution questions should contact Pat, who will get a list of beneficiaries for them. Practices can compare their list to Medicare's and select a few patients that they feel are beneficiaries at their practice. Medicare will research those patients.</p> <p>Concerns have been raised by Medicare beneficiaries who have seen PPPM and CHT payments in their online EOBs. The EOBs will no longer show the payments for the demonstration project as of April 1, 2012. There shouldn't be any new complaints. If anyone sees an online payment after April 1, 2012, please let Pat know so she can inform Medicare.</p>	
Training Materials	<p>Pat has revised the payment process training outline. Changes based on comments at the last meeting are highlighted, and include the addition of information on NCQA scoring, CHT scaling and funding, and evaluating the impact of Blueprint reforms to make the link between results and payment.</p>	<p>Add presentation to project manager meeting or May in-person meeting.</p>

	<p>The curriculum is linked to the roster templates, algorithms, and other items posted on the Blueprint website. The Blueprint is willing to come to communities to present one or more aspects of the payment process; the presentation can be tailored to various audiences. One goal is to provide information on the payment process and why information must be collected. Work group members are encouraged to provide ideas on how to best disseminate this information.</p> <p>It was suggested that the content be discussed at a project managers meeting or upcoming in-person meeting.</p>	
Agenda for May 7 In-person Meeting	<ul style="list-style-type: none"> ▪ Project managers asked for more information on attribution and payment procedures when providers go on sabbatical, leave a practice or serve in a locum tenens capacity. ▪ When a provider leaves the practice and the practice absorbs the patients, will the practice be reimbursed for the remaining patients? What about when practices merge? ▪ Some of these scenarios are captured in the payment methodology grid, but still lack clarity. It was suggested that payers address some of these questions at the next meeting so that the grid can be enhanced. The payers asked that questions be provided in advance. ▪ It would be helpful to learn more about Medicare attribution and payment-related data requests – what information is needed, and why. Pat can provide that information. ▪ It was also suggested that attribution methods be described in more depth. Pat will cover Medicare; the other insurers will disclose their methods. Time frames for the attribution would be helpful to allow practices to compare their numbers with payer numbers. <p><i>Update: May 7 Meeting has been cancelled.</i></p>	<p>Pat will request questions to be addressed at the next meeting.</p> <p>Pat will put out May agenda for comment.</p>
Changes in Attribution Method and Payment Roster	<p>Occasionally, providers practice for years as a PCP but are board-certified in Emergency Medicine or some other specialty. Payers have indicated that board certification isn't required; providers are included in the Blueprint if they are contracted as PCP. Pat suggested a language change to the attribution methodology to clarify that contracting as a PCP is the criterion for inclusion in the Blueprint, but Lou indicated that the language change could eliminate APRNs and PAs if they don't directly contract with payers. It could impact the inclusion of naturopaths as well.</p> <p>A minor change has been made to the pick list for the Affiliation Type column in the payment roster template. The answer options are now: FQHC-owned, Hospital-owned, Independent Multi-site, Independent Single-site. Pat may need to contact a few project managers to get this information on already-recognized practices.</p>	

Review of Payment Implementation Calendar	<p>Pat just sent out payment implementation calendar. Payment processes are becoming routine; project managers and payers are anticipating when things are due, and rosters are being provided on time.</p> <p>Quarterly Total Unique Patient numbers and CHT payments for April – June quarter went out to payers last week; confirmation of CHT payment levels being sent to project managers this week.</p> <p>Aggregate payment information is needed from insurers quarterly, for Medicare report.</p>	
Next Meeting	<p>May 7, 2012, in person at DVHA</p> <p><i>Update: This meeting has been cancelled. Next scheduled meeting is June 6, 2012, 1:00 to 2:00 PM via conference call.</i></p>	